A.

В.

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)				FOR LIN		NUMBER: one)				PAGE 93 / 105				
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page			F	21b 27	H	22 28a	X	23 28b	2 2	4 8c	Н	25 29	26 30k	
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name														S	
NAME OF COMMITTEE (In Full)															
AMERICAN ASSOCIATION OF CLINICAL	UROLOG	ISTS POLITION	CAL	A	CTION	I CC	IMMC	ΓTΕ	E (UF	ROPA	(C)				
Full Name (Last, First, Middle Initial) Lois Capps							Trans Date of		-		3.1	525	6		
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City SANTA BARBARA	State CA	Zip Code 93101					Amou	nt o	f Each	Disbu	rse	men	t this l	Period	
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State: District:															
Full Name (Last, First, Middle Initial) Norm Coleman							Trans Date o			_	3.1	526	8		
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Full Name (Last, First, Middle Initial) Susan Collins							Trans Date o				3.1	527	2		
Mailing Address 223 NOWELL ROAD							1 ^M 0	М	1	1 /	Y	ž	οŏ	7 ^Y	
City BANGOR	State ME	Zip Code 04401					Amou	nt o	f Each	Disbu	rse	men	t this	Period	
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SUBTOTAL of Disbursements This Page (optional)					▶			_				75	0.00	0	

TOTAL This Period (last page this line number only)